

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

████████████████████████████

Herbie Johnson  
Sheriff  
136 North Court Street  
Prattville, AL 36067

A. Received by (Please Print Clearly)

*P. McLaughlin*

B. Date of Delivery

9-5-06

C. Signature

*X P. McLaughlin* Agent Addressee Yes No

Is delivery address different from item 1?

Enter delivery address below:

*06 CV 748  
P.O. Box*

Type

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                              |
| <input type="checkbox"/> Registered                | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                                    |

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number (Copy from service label)

7005 1820 0002 3461 5176

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse

A. Received by (Please Print Clearly)

*P. McLaughlin*

B. Date of Delivery

9-5-06

████████████████████████████  
Southern Health Services Partners  
136 North Court Street  
Prattville, AL 36067

ture

*P. McLaughlin* Agent Addresseevery address different from item 1?  
If, enter delivery address below: Yes No

*06 CV 748  
P.O. Box*

3. Service Type

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                              |
| <input type="checkbox"/> Registered                | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                                    |

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number (Copy from service label)

7005 1820 0002 3461 5152

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952